**AMENDMENTS TO THE SPECIFICATION**:

Replace the paragraph beginning at page 1, line 13, with the following rewritten paragraph:

--According to the invention, a fixing device is in particular understood to be an accessory that at one end is fitted in or around the passage surrounded by body tissue and to which an object is fixed or can be fixed at the other end. The object can thus clearly already have been fixed, for example integrated with the fixing device, for example in the factory, before fitting of the fixing device in or around the passage surrounded by body tissue, but can clearly also be fixed to said fixing device only after the fixing device has been fitted in or around the passage surrounded by body tissue. The additional object can also be, in particular, a cardiac fixing device, such as for an artificial valve or biological donor valve, a vessel fixing device, such as for an artificial vessel or donor vessel, a working duct, access ~~hilum~~ port or a further accessory. The accessory is, as it were, a connector by means of which "something" can be secured in or around a passage surrounded by body tissue. In this respect the fixing device could possibly also be termed a connector.--

Replace the paragraph beginning at page 4, line 15, with the following rewritten paragraph:

--Using an assembly according to the invention fixing devices can be used to secure mechanical, animal or human valves, but also to produce vessel joins between natural and/or synthetic vessels. Vessel joins can be, inter alia, end-to-end, end-to-side or side-to-side. The said fixing devices can also be used to position (temporary) ~~hila~~ ports that can be closed off by a cap, closures, (temporary) working ducts or (temporary) cannulas. Using an assembly according to the invention it is, for example, possible to position and fix fixing devices as disclosed in WO 00/24339 and WO 00/44311, both in the name of the same Applicant as the present application. Such fixing devices are of the type having a tubular member provided with flange fingers or arms with pins pointing outwards arranged distributed around the periphery of the tubular member, which flange fingers or arms with pins, prior to anchoring in the tissue, are in a straightened position to produce a slim shape, in which straightened position the projection of the respective flange fingers or arms is located on a radial transverse surface of the tubular member essentially on or within the periphery of the tubular member. The assembly according to the invention can, however, also very suitably be used for positioning very many other fixing devices known from the state of the art in or around a passage surrounded by body tissue.--

Replace the paragraph beginning at page 45, line 1, with the following rewritten paragraph:

--The technique as described in Figures 19 to 26 for use when fixing a vessel fixing device for an end-to-side anastomosis can also be used in whole or in part for an end-to-end or side-to-side anastomosis, fitting a ~~hilum~~ port fixing device, a working duct, a cannula or another accessory in or on the wall of a blood vessel or hollow organ.--

Replace the paragraph beginning at page 48, line 9, with the following rewritten paragraph:

--Figure 30 shows, diagrammatically, in longitudinal sectional view, an assembly 450 of a stabiliser 451 and an applicator 452, derived from that in Figure 29, for the production of a side-to-side anastomosis. The stabiliser 451 consists of a suction tube having a suction nozzle 452 at the bottom end that extends around the passages 453 and 454 to be joined to one another in the blood vessels 455 and 456. The applicator 452, consisting of a sleeve 457 with gripper arms 453 therein, has been inserted in the suction tube 451. The gripper arms 453 carry at a bottom end a fixing member 460 with distal flange fingers 461 and proximal flange fingers 462. Whilst the gripper arms 453 are held in place and thus hold the fixing device 460 in place, the sleeve 457 can be pulled vertically upwards, after which the distal and proximal flange fingers 461 and 462, respectively, are released so as to flip from their

vertical position shown in Figure 30 into an outward-pointing horizontal position under the influence of spring tension. During this movement the distal flange fingers 461 and proximal flange fingers 462 will clamp the vessel wall tissue around the passages 453 and 454 to each other. In the course of time this vessel wall tissue can then grow together at this location. Corresponding to what is shown in Figures 27 and 28, an additional passage 463 has been made in the top blood vessel 455 through which the assembly 450 has been inserted into the top blood vessel 455. This passage 463 will also still have to be closed after producing the join between the two passages 453 and 454. This can optionally be carried out using a fixing device similar to fixing device 460. However, the fixing device used for this purpose will have been provided with gripping means at the location of the gripping by the gripper arms 453 for fitting a cap herein. These gripping means can be, for example, internal screw thread, the cap then being provided with external screw thread. Use can also be made of a ~~hilum~~ port fixing device that can be closed by a cap, as has already been shown in a few figures in WO 00/44311 and has been described on the basis of these. Instead of feeding in an assembly 450 of a stabiliser 451 and an applicator 452 through lateral opening 463 in blood vessel 455, it is possible also to feed in the assembly 450, or the applicator 452 on its own, through an end opening in vessel 455, insofar as this is available, to produce a side-to-side anastomosis. In this case

the assembly 450 or the applicator 452 on its own will have to make a bend or angle of approximately 90 degrees at the location of the openings 453 and 454 or will have to have such a shape (not shown). In this case the stabiliser can also be constructed with a cylindrical shape (comparable to insertion body 161), which is located in vessel 455 on either side of opening 453 therein, or proximally or distally to said opening (not shown).--

Replace the paragraph beginning at page 51, line 15, with the following rewritten paragraph:

--It will be clear that a working duct as shown in Figure 32 can also be used in other locations. It is also conceivable to use such a working duct when fitting a valve in the heart. In such a case this working duct 533 will usually be fed to the heart via a relatively large blood vessel or via the wall of a heart chamber. If such an operation has to be carried out while the heart is beating, it can be advantageous to make the working duct 533 of perforated construction, at least as far as that section that is located in the bloodstream is concerned. The aim of this is to ensure that the blood is as far as possible still able to follow its normal route. With such a construction of the working duct 3 the valves 500 and ports 501 and 502 shown in Figure 32 will be dispensed with, or at least will be able to be dispensed with, insofar as the working duct is at least in the bloodstream. The actual opening in the large blood vessel or in

the wall of the heart chamber can be made by a ~~hilum~~ port fixing device that can be closed off by a cap, as has already been shown in a few figures in WO 00/44311 and has been described with reference to these. Such a ~~hilum~~ port fixing device can have been positioned or can be positioned beforehand or at the end of the operation, usually within an external working duct that by means of its vacuum nozzle is in contact with the outside of the wall of the large blood vessel or the wall of the heart chamber concerned, around said opening.--

Replace the paragraph beginning at page 51, line 32, with the following rewritten paragraph:

--The working duct shown in Figure 32 can also be used for feeding in another working duct or a cannula through it. Said latter working duct or cannula can then itself be connected to a further fixing device. The other working duct to be fed in through the working duct 533 in Figure 32 can optionally also once again be an (internal or inner) working duct 533 of a stabiliser for an assembly according to the invention. The external or outer working duct 533 is then mainly used as access route. In the case of a side join to another vessel or hollow organ 503, as shown in Figure 32, it will then be possible to fix a ~~hilum~~ port fixing device as shown in, for example, Figure 8 in the passage formed in the blood vessel wall. At the end of the intervention, it will then be possible to fix a sealing cap in

the fixing device, the various features being as already shown in a few figures in WO 00/44311 and described with reference to these. Furthermore, it will be clear that the so-called working duct can not only be made straight, as shown, but equally can also be made curved. With a view to adaptability to the circumstances, it is even preferable in this context if the working duct is made bendable, or at least flexible.--